

PLUMBING APPLICATION

SOLE PROPRIETOR OR INDIVIDUAL

State Plumbing Individual License # _____

____ New ____ Renewal

City Plumbing Individual Registration # _____

Legal Status: (Check One) ____ SOLE PROPRIETOR ____ INDIVIDUAL UNDER CORPORATION

Plumbing Contractor Name _____

If Sole Proprietor list dba _____

If Individual list Corporation Name _____

City Corporation License # _____

Home Address (required) (If mailing address is a PO Box a street address must also be listed) _____

City

State

Zip Code

Business Phone

Fax Number

Home Number

Internet Address

IF SOLE PROPRIETOR (not applicable for individual license holder):

List all employees and other person affiliated with the sole proprietorship that will be authorized to obtain permits.

1. _____ Signature	_____ Print Name	_____ License #
2. _____ Signature	_____ Print Name	_____ License #
3. _____ Signature	_____ Print Name	_____ License #
4. _____ Signature	_____ Print Name	_____ License #

CivicNet subscriber ____ Yes ____ No

This application must be signed and dated by the plumbing contractor. I affirm under penalty of perjury that the above information is complete and accurate.

Signature of Plumbing Contractor

Date

Division of Compliance
604 North Sherman Drive
Indianapolis, Indiana 46201
Phone(317) 327-5410
Fax (317) 327-5397
www.IndyGov.Org
Rev. 10-1-03

Office Use Only

License #

Processed by

Date

GENERAL INFORMATION

Please make checks payable to the City Controller.

APPLICATION REQUIREMENTS

LICENSE FEES

Rev. 10-1-03